

**Speech-Language Pathology and Audiology Board**

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**STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY BOARD**

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**SPEECH-LANGUAGE PATHOLOGY PRACTICE COMMITTEE MEETING MINUTES
JANUARY 26, 2006**

Committee Members Present

Lisa O'Connor, M.A., Chairperson
Carol Murphy, M.A.
Jennifer Hancock, M.A.
Diana Verdugo M.S.

Staff Present

Annemarie Del Mugnaio, Executive Officer
Kathi Burns, Senior Staff Analyst
Lori Pinson, Staff Analyst
Ann Bollenbacher, CPD Coordinator
George Ritter, Legal Counsel

Board Members Present

Rebecca Binge, M.A.
Alison Grimes, Au.D.

Guests Present

Robert Powell, California Speech-Language-Hearing Association
Ellen C. Fagan, Director, CE Program-American Speech-Language-Hearing Association
Jody Winzelberg Audiologist, California Academy of Audiology
Jane Moir, SLP Continuing Education Coordinator
Rookie Hirsch, SLP
Dennis Van Vliet, Audiologist
Susan Langmore, SLP

I. Call to Order

Chairperson O'Connor called the meeting to order at 3:50 p.m.

II. Introductions

Those present introduced themselves.

III. Examine Curriculum from the Educational Therapy Certificate Programs and Discuss Issues Related to the Overlap in Professional Services Between Speech-Language Pathologists and Educational Therapists

Ms. O'Connor stated that information has been shared with the Committee regarding the educational therapy curriculum, as offered through UC extension programs and certificate programs, in which the educational programs are training students to assess language disorders and provide language intervention. She stated that she and Ms. Murphy gathered information on the five existing educational therapy program course catalogs, as included in the meeting materials, but were unable to clearly identify actual courses specific to language intervention and language disorders. However, she reported that the Holy Names program offered one course, entitled "Assessment in Special Education," which has a catalog course description that included assessment of language disorders, learning disabilities, dyslexia, and difficulties in reading and mathematics and written language. Ms. O'Connor reported that San Francisco State offers an educational therapy program, but that the program will be closing as of August 2006.

Mr. Powell stated that the federal Individual with Disabilities and Education Act (IDEA) of 2004, requires schools to provide intervention for students not meeting grade level proficiency. He reported that the federal draft regulations specify the personnel categories authorized to provide intervention as school psychologists, educational therapists, and others. He stated that the California Speech-Language-Hearing Association (CSHA), the American Speech-Language-Hearing Association (ASHA), and other school-based personnel have commented on the draft regulations and suggested that speech-language pathologists be identified in the draft regulations.

Ms. Del Mugnaio reported that the Board has addressed advertising issues with individual educational therapists as well as the Association of Educational Therapy (AET) back in 2003 when several of their members were found to be advertising speech and language services. She stated that the communication was received well, and that the AET agreed to communicate with its members cautioning them on misrepresenting their authority to provide a protected (licensed) professional service.

Ms. Hirsch stated that she has the course syllabus for the Holy Names course referenced by Ms. O'Connor and explained that the course does address language disorders and language intervention with children. She further stated that the learning outcomes of the course appear to be standards of speech-language pathology.

Ms. Murphy stated that she is aware of a new cohort program sponsored by University California Santa Cruz where educational therapists can obtain actual clinical experience serving children.

Ms. O'Connor recommended that ASHA dialogue with the AET regarding the misleading information on the AET website.

Ms. Del Mugnaio stated that educational therapists who hold themselves out as speech and language therapists, or represent their services as such, should be reported to the Board so that the Board can respond to these situations through its enforcement program.

Mr. Powell suggested that the educational therapy groups will most likely seek licensure status in California, given the recognition in the draft IDEA regulations, and that the

proposed scope of practice of educational therapy may be drafted broadly enough to include language processing and language delays.

Ms. O'Connor requested that Ms. Hirsch forward the information to her regarding the course syllabus from the Holy Names program to determine whether the Committee needs to take further action and communicate concerns over the scope of the educational therapy program.

IV. Discuss Legislative Initiative Regarding Amending the Scope of Practice of Speech-Language Pathology (Business and Professions Code Section 2530.2) as Sponsored by the California Speech-Language-Hearing Association (CSHA) - (Representatives from CSHA)

- A. Amend Existing Endoscopy Provisions to Authorize Speech-Language Pathologists to Perform Instrumental Swallowing Procedures in Alternate Settings**
- B. Include Deep Suctioning in the Scope of Practice of Speech-Language Pathology**

Ms. Del Mugnaio requested that Mr. Powell provide background on the legislative initiative.

Mr. Powell stated that CSHA is sponsoring a legislative proposal that would authorize speech-language pathologists to perform suctioning and would expand the setting where speech-language pathologists may perform flexible endoscopy. He stated that the need to address suctioning arose when a legal opinion was formulated by the Board's legal counsel concluding that suctioning was an invasive procedure as defined in the California Medical Practices Act and, thus, was outside the scope of practice of speech-language pathology. He further explained that when Senate Bill (SB)1379 (2002), which added endoscopic procedures to the statutes defining the practice of speech-language pathology, the profession presumed that suctioning was permissible as a component of swallowing therapy, similar to what is prescribed in national standards. He stated that after the adoption of SB 1379, Mr. Ritter developed a subsequent legal opinion regarding suctioning, which concluded that it was still not specifically provided for in the statutes, even with the new provisions. Mr. Powell stated that CSHA has secured an author, Senator Aanestad, and that the bill should be in print by February.

Ms. Hancock commented that in many health facilities physical therapists, occupational therapists, and nurses are authorized to suction, even though these health professionals do not have the extensive theoretical knowledge that speech-language pathologists have regarding the anatomy and physiology of the upper airways. She further stated that she believes that skilled speech-language pathologists should be allowed to suction, as it is a critical piece in swallowing assessments and therapy and in communication therapy. She stated that speech-language pathologists are authorized to administer fluids and barium, yet they are not allowed to retrieve substances should the substances enter the body incorrectly and aspiration occur. She commented that the ability to suction quickly when a patient is experiencing a problem with swallowing is a consumer protection measure and is medically necessary or the patient is at risk of complications. Further, family members may feel less confident in the competency of the treating speech therapists when another health professional must be called in to perform suctioning procedures.

Ms. Hancock provided an in-depth demonstration of suctioning a tracheostomy device. She commented that family members are often educated on how to suction secretions from the device for a patient upon hospital discharge.

Mr. Powell stated that he has had requests from the CSHA membership to provide for suctioning in hospitals with trach patients, in skilled nursing facilities (SNFs) for swallowing evaluations, and for laryngectomy patients who need their devices serviced in private practices. As such, he reported that the suctioning language will cover all settings, provided that the speech-language pathologist can demonstrate competency. He stated that specific wording regarding the competency has not yet been established, and he welcomed input from the Committee members. He further stated that CSHA will work with the California Medical Association and the hospital associations on specific language.

Ms. Hancock stated that facilities have competency standards for most procedures, but that a practitioner must take responsibility for ensuring that they are skilled and can perform any procedure safely and competently before engaging in such practices. She also reported that California is the anomaly, and that most other states allow speech therapists to suction. She has not heard of any incidents and has not read of any cases in the national literature where patients have been harmed by a speech-language pathologist performing suctioning.

Ms. Langmore provided an overview of the need for endoscopy evaluations in settings other than just the acute care settings as currently authorized in statute. She explained that across the country and in other countries speech-language pathologists perform flexible endoscopic procedures without difficulty or reports of adverse incidents. She stated that the flexible endoscopic procedure is often more convenient than other swallow evaluations for patients in SNFs where it is difficult transport medically fragile patients to a hospital for a modified barium swallow.

Mr. Powell stated that the endoscopy proposal would only expand the settings and would retain the other protocols which currently exists in statute, that being, the certification standards of the otolaryngologist, the physician supervision, and the emergency medical response standards.

Ms. Del Mugnaio inquired whether SNFs have physicians on-site.

Ms. Langmore stated that while a physician may not be on-site, one could be available by phone or electronic means to advise the speech-language pathologist on a complicated case or to attend to a medical issue, if one arose.

Mr. Powell stated that SNFs do employ medical directors who are likely physicians.

Ms. Del Mugnaio inquired whether topical anesthetics are applied to the patient prior to the procedure.

Ms. Langmore stated that she does not use a topical anesthetic, and she is not aware of other speech-language pathologists in the state that use topical medications. She stated

that she and others are aware that applying medication is outside of the speech-language pathologist's scope of practice.

The Committee discussed both the issue of including suctioning within the scope of practice of speech-language pathology and the proposal to expand the settings where speech-language pathologists would be authorized to perform flexible endoscopic procedures. The Committee agreed to provide input to CSHA regarding the legislative initiative and will consider a recommended position on the legislative bill, once it has been drafted.

There being no further discussion, Chairperson O'Connor adjourned the meeting at 5:10 p.m.

Annemarie Del Mugnaio, Executive Officer